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ABSTRACT

Multi-problem families are at risk of dissolution and homelessness. Cultural, social, economic, educational and family structural problems and differences often bring unbearable pressure upon families. Traditionally, a single problem or a family member was identified as the causal factor. Quite often a family member was removed from the home. Sometimes the family was uprooted. This project attempted to identify and treat those problems that led to the homelessness or the threat of homelessness for six families. Strengthening the existing family as a unit prevented unwanted separation of family members. Sheltering the entire family preserved family structure and integrity. Identifying and treating those factors that led to homelessness helped to reduce the likelihood that dissolution of the family and other incidents of homelessness would occur in the future. Getting basic needs met as early as possible is of utmost importance. Little lasting change can take place when clients are deprived of basic needs, depressed, or on drugs. Programs of this nature need an interactive, subsidized day care facility near each family. A comprehensive manual will be developed and distributed to interested parties. (Author/ABL)

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Alternatives For Families: Emergency Shelters And Transitional Programs That Identify, and Treat Those Problems That Lead To Family Dissolution And Homelessness

by

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Cohort XXX

CG 021726

A Practicum Report Presented to the National Master's Program for Child Care Administrators in Partial Fulfillment of the Requirements for the degree of Master of Science

NOVA UNIVERSITY

1989

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ABSTRACT

Alternatives For Families: Emergency Shelters and Transitional Programs That Identify and Treat Those Problems That Lead To Family Dissolution and Homelessness. Humphrey, J. Stewart, 1989: Practicum Report, Nova University, Master's Program For Child Care Administrators.
Descriptors: Homeless People / Street People / Low Income Housing / Battered and Abused Women / Runaways / Homeless Families / Divorce / Single Parent Families / Family Shelters / Displaced Homemakers / Educationally Disadvantaged / Homeless Mentally Ill / Child Welfare

Multi-problem families are at risk of dissolution and homelessness. Cultural, social, economic, educational and family structural problems and differences often bring unbearable pressure upon families. Traditionally a problem or a family member was identified as the causal factor. Quite often a family member was removed from the home. Sometimes the entire family was uprooted.

This practicum attempted to identify and treat those problems that led to the homelessness or the threat of homelessness for six families. Strengthening the existing family as a unit prevented unwanted separation of family members. Sheltering the entire family preserved family structure and integrity. Identifying and treating those factors that led to homelessness helped to reduce the likelihood that dissolution of the family and other incidents of homelessness would occur in the future.

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Chapter 1

INTRODUCTION

This practicum dealt with those factors that contribute to family dissolution and homelessness in a county in the lower Appalachian Mountains. Having discovered that many families are separated and the children placed in foster care, this agency sought a better way to help meet the needs of these families. The agency established the first Emergency Family Shelter in the area. After four years of experience, the agency programmers are concerned that a band-aid approach to homelessness is not enough.

The parent agency was founded in 1903 as a maternity home. In 1906 an orphanage was added. Through the years absence of war and infectious diseases has reduced the need for orphanages. Children in care today are from broken families, abuse and neglect situations and dysfunctional families. They are likely to be poor, educationally deprived, socially inept and unhealthy.

Many agencies began to search for alternatives to separating families years ago. However, only since Public Law 96-272 (Appendix A: 40) mandated that children and families be separated as a last resort has there been real efforts to keep families together.

The agency dedicated itself to family focused services in the early 1980's and has programmed in that vein since that time. Early emphasis was on reuniting children in care with their families. New admissions were made only after every effort had been made to keep the family together. These goals were easier met with private placements than with placements through the Department of Social Services (DSS). In the case of DSS placements the child was already in the custody of the DSS and separated from the family.

In 1983 a single parent was provided temporary housing rather than placement of his children in group care. Thus the first Emergency Family placement on the agency campus occurred.

The campus consists of some 30 buildings including group care cottages, support service buildings, farm barns, recreation facilities, staff residences and three duplex apartments once used for summer guests. These duplexes became the first Emergency Family Shelters.

The agency is not-for-profit, non-sectarian and non-descriminatory in staff selection and clientele served. Efforts are made to be responsive to the changing needs of the community. Day care, Montessori classes, before-and-after school care and summer day camp programs are provided on a sliding fee scale to meet the needs of working families, single parents and low income families. Foster homes are licensed to provide

additional foster care needed in the community and to serve younger children referred to the agency. Residential group care programs are designed to meet the needs of the troubled adolescents coming into care.

Approximately two-thirds of the agency's funding is derived from the private sector: individuals, civic clubs, churches, industry, business and foundations. Purchase of care arrangements, the foster care board rate, and state and local grants make up the balance.

An average of 100 children are served in agency programs each day. Fifty percent are served in day care programs. Approximately thirty percent are served in group care or foster homes. The final twenty percent are served in the family shelters on the campus, the housing authority or in their own homes.

The author is the Executive Director of the agency. Of the forty employees, the Executive Director directly supervises eight persons. An Associate Executive Director of Programming supervises the directors of the various programs and services. During the author's tenure of nearly eight years the agency has grown from two programs to four major programs. The budget has grown from about 400,000 dollars to over 900,000 dollars annually.

In its endeavor to provide quality, responsive programs, the agency's governing board of twenty members is currently involved in a thorough review of its

mission, purpose, and its fund raising potential. The board is committed to family based programming. Where separation is necessary, placement should be the least restrictive, time limited, goal directed and involve the family to be most effective.

More than 1500 children and their families have been served over the past eighty-five years. Another 1500 could be served within the next four years based on the demand for services occurring during recent months. Families in crisis will be the center of attention for the agency for the undetermined future.

Chapter 2

THE PROBLEM

In 1983 a single parent placed his two sons in an agency residential cottage for a short time. The Department of Social Services (DSS) had felt he was not providing adequate supervision for his children. Circumstances improved and he took his sons home. A few days later their house burned. The parent came back to the agency for help. After discussing the problems facing his family, it was determined that he merely needed short term housing rather than placing his children in group care. His family was homeless, but there were no other problems that necessitated separating these children from their parent. An apartment on campus was arranged. In a few weeks the family moved into a new home.

A mother with three children ranging from nine to sixteen years of age could not find a shelter for her family in order to escape an abusive husband. Another mother and her two children under ten years of age were sleeping on a neighbors porch. Dorothy dropped out of high school. She had six children. The DSS was threatening to remove her children from her because the house she was living in was not adequate. Gwen's husband was out of work. In order for Gwen to receive Aid For Families with Dependent Children (AFDC), the husband lived apart from the

family. He visited when he felt he would not get caught (Milestone, 1986a).

Families are being separated in every community because there are too few shelters for families. Others are victims of a welfare system that requires families to be separated to receive help. Some can't manage to pay rent, child care and the basic necessities of life on a minimum wage job. Often they are found to be neglectful parents and their children are taken into custody.

Shelters for families provide a short-term solution to perhaps the most serious domestic problem facing this country today, homelessness. "Shelter is not the answer to the problem of homelessness; homes are" (Hombs and Synder, 1986a:66). Shelters are a necessary part of the general solution of the problem.

> What is needed is a comprehensive approach; one which recognizes that while the diversity of today's homeless population means that a variety of supportive services will eventually be needed, still their shared and prior need is for decent housing (Hombs and Synder, 1986b:67).

The author agrees with Hombs and Synder (1986c) that decent housing is a must but being able to afford it or perhaps enjoy it once it is found is of no less importance.

The author believes that preventing family disruption, dissolution and eventually homelessness should be the primary task of agencies dedicated to the serving of families today. Much of the interest in the homeless today is on provision of shelter. The objective of this agency's

program is to provide shelter if needed, but more importantly, prevent the family from being separated.

This practicum addressed those factors, traits, weaknesses and traditions that contribute to homelessness and family dissolution, and the services needed to stabilize families in crisis. The scope of this problem nationally is staggering. There may be as many as 274,000 children in foster homes in this country every day (Angelou, 1985a). There are an estimated three million homeless persons in America today. "Nearly forty percent of the homeless are families with dependent children and that percentage is rising faster than any other among the homeless" (Whittemore, 1988a:5). In the community served by the agency, 133 families were found to be at risk of dissolution in a 1983 study. While there is little data being collected locally on the number of homeless individuals and families, three shelters report serving thirty to fifty persons each night. The agency has served nearly 100 families in the family shelter program it operates during the past four years. There is always a waiting list.

There are some clear indicators of the problems facing families that may result in a crisis situation. One half of the children in the area live in single parent families. The county has the highest divorce rate in the state. One out of every six children is a stepchild. There are nearly one thousand female headed households below the poverty

level. The county ranks number one in the number of substantiated cases of neglect and abuse in the state. The county ranks seventh in total population in the state and ninth in the teenage live birth rate. One out of every four high school freshman in the county will drop out before age 18 (The State of the Child in Buncombe County, 1985).

Solutions to the problem of homeless families include: higher wages, low cost housing, viewing families as units, changing laws that require families to be separated to receive assistance, education, job skills, developing parenting skills, early intervention, and identification and treatment of those factors leading to crisis in families.

Hombs and Synder (1986d) suggests there are many factors that lead to family crisis and eventually homelessness. A review of the literature indicated that shame, fear, guilt, societal stereo-types, poor self-image, faulty value systems, poor relationship building skills, lack of adequate parenting skills, insufficient education, abuse, loss of job, marital problems and divorce are some of the factors leading to family crisis and homelessness. When these factors are found in multiples within a family, the family's motivation to deal with a multiplicity of problems wanes and the family begins to lose hope (Newcomb, Turner, and Converse, 1965).

> You lose self respect. It rips out a man's integrity. I feel bad. People give up. I'm tired. It could be personal problems holding them back. I feel crushed (Auletta, 1982a: 117, 139, 141).

The foregoing statements represent the feelings of hopelessness and despair voiced by many family members in the midst of crisis.

> Garvey and Washington believed that a sense of 'victimization' can retard a persons ability to help himself, can become an excuse to surrender to frustration and adversity, and can become another form of dependency. To succeed, individuals need to have faith--in themselves, in their future, in society (Auletta, 1982b:156).

In order to help families, families must be preserved as a unit.

> A welfare mother who has no home and has yet to locate shelter runs another risk of being separated from her child. A lawyer in Los Angeles describes a scenario repeated daily in America: A homeless family applies for AFDC. The social worker comes to the decision that the children are endangered by their lack of shelter. The children are taken away and placed in foster care. The parents are no longer eligible for AFDC now because they don't have children. So the family as a family receives nothing. The children have been institutionalized. The family, as such, exists no longer. Measures as severe as these are rarely taken in New York, but the values that permit this to be done in any state are present every where (Kozal, 1988a:49).

The importance of keeping families together has been demonstrated over and over again. Family service agencies should help both parents and children. Such services should be of particular help to marginal families out of contact

with the community around them (Deutscher and Thompscn, 1968).

In her book Families In Peril Marian Wright Edelman (1986a) says, there are no quick fixes. The problems are multiple. She emphasises that even small efforts are important. The important thing is to begin.

Chapter 3

GOALS AND OBJECTIVES

The goal of this practicum was to prevent family dissolution by stabilizing families in crisis and identifying and treating those problems that placed the family at risk of dissolution and homelessness.

The target group was divided into two categories. The first included families already admitted to the agency family shelter program as residents. The second category included those families at risk identified through the agency's intake process still living in the community. A common factor with each family was the risk of dissolution or possible removal of a family member from the home.

Objectives to prevent the separation of family members included:

1. Providing emergency intervention services for families and children already in the shelter and those identified as being at risk in the the community in order to stabilize the family;

2. Strengthening family systems through identification of problems within the family that are weakening the family structure and provide the support and intervention needed to stabilize the family;

3. Teaching decision making skills and negotiating skills to enable families to make good choices;

4. Teach families how to identify and utilize the human service system in the community to meet family needs;

5. Aid families in achieving educational goals;

6. Aid families in securing job skills, training, and eventually securing a good paying job; and

7. Evaluate and follow up on families for a period of one year to determine the effectiveness of the project.

Emergency Intervention Services

Four families were already homeless before they sought or were referred for services. Two families were still in community housing. The first step was to stabilize the family or at least those members that were still together. Intervention included helping the family obtain temporary housing, food, medical attention, assistance with rent, utilities or other financial aid. One of the major problems many families faced was that it took as many as 45 days to get public assistance. It was those 45 days that many families found so devastating. The families were at the point of splitting up if family shelter and assistance had not been avavilable. In neglect and abuse situations, the safety of family members was primary. Helping to diffuse an escalating marital problem, arranging child care in neglect situations, and arranging for children and spouses in danger of harm to be protected were the urgent tasks.

The measure of success or failure was determined by whether or not the family remained intact and in their own home if at all possible. It was anticipated that it would

take as much as two weeks for most families to stabilize in order for them to give their attention to other issues. In lower class families, Mendelsohn (1968a) believes behavior is more impulsive and on the feeling level and until their basic needs are met, little can be done toward long range planning. This seemed to be true of all clients no matter their class level. All families served seemed to need more time than anticipated.

Identifying Problems and Strengthening the Family Structure

Every family has built-in strengths that sometimes lay buried far beneath the rubble of the brokeness that plagued their lives. Helping families get to the root causes of their problems was primary.

Plans were to use Life Scripts to help each client to rethink their thoughts and feelings (Corey, 1986). A psychosocial survey developed by Dr. Billy E. Jones was to be modified and used. This survey would have provided information about demographics, homeless conditions, employment, social applications, abuse and assault, clinical items, substance abuse and psychosis (Jones, 1986). Revising the Jones survey proved to be too enormous a task for the project at hand. Plans are to continue to work on the revision and utilization of this particular survey in the future. Life Scripts were not used in the practicum as had been suggested in the

proposal, primarily because of personal preference on the part of the therapist.

A number of techniques and tools were used during the first two weeks of service to determine the root causes of the family's problems. A family survey form was used to gather basic information (Appendix C: 46). Evaluation tools were chosen based on the needs of each individual family situation. They were tested again during the tenth week to measure progress. The initial problem identification period lasted about two weeks.

Among the tools used was the Family Drawing. It helped to determine how the children perceived the family structure. It engaged the children in a meaning task they seemed to enjoy doing while the therapist worked with the parents (Gumaer, 1984).

The Parenting Stress Index was chosen because it was designed to identify parent and child systems under stress and at risk of becoming dysfunctional. Families at risk are under extremely high stress and intervention is vital to keeping families intact (Abdin, 1986).

The Child Well Being Scale was used to determine the quality of life the children were experiencing. Parents often were powerless or at least felt that way when the family was in crisis, particularly for long periods of time. If neglect existed at this time in the family it was not necessarily willful or the result of carelessness. The Scale enabled the therapist to target areas in which

the family was functioning below reasonable limits (Magura and Moses, 1986).

The use of Eco-Maps enabled the theraptist to identify family support systems within the community. Many families had no extended family and were unaware of the programs and services available to them in the community. Since many families at risk are illiterate they do not read newspapers and announcements that come in the mail (McFadden, 1984a).

The Genogram porvided the therapist with informaticn on the family tree. It provided informaticn that was factual in nature and dissipated emotional defenses in the early stages of assessing family problems. It traced divorces, deaths, alcholism, drug abuse, spouse and child abuse and factors such as birth order. The Genogram provided a multigeneraticnal picture of the family system over a period of time. The Eco-Map provided a picture of the family and its relaticnships in the community (McFadden, 1984b).

A therapy contract was develcped for each family. These contracts provided a guide for therapy as well as criteria for measuring progress (Appendix C: 51). As was the case with all the tools used, a follow up evaluaticn was made at the end of the ten week period.

Decision Making and Negotiation Skills

Making life decisions, negotiating business deals and conflict resolution were skills often lacking within

families at risk. Conflict resolution techniques and negotiating skills were taught during the remaining weeks through individual and family counseling sessions and community meetings with the families. The services of agencies in the community providing such instruction were to be used. Utilizing these services did not prove to be possible during this stage in the life of the families. Most were too fragile. The therapist felt that the individual and family counseling experience would increase the likelihood that the families would seek outside help with their problems in the future. Since it was impossible to fulfill this goal outside of individual family counseling little was determined as to whether outside agencies or group counseling would have been effective.

Using the Human Service System

One client told the therapist that going to the Department of Social Services was the worst part of the whole affair. She said she was treated as if she were trash. This same client today has her own business. Mary Sue Boggs, who sought welfare aid in New York, said:

> When you're on welfare, they just think they own you. Act like it's coming out of their pocket. I even hated to go over there. When you're on welfare, you're like a prisoner. I'd rather be in jail. They look at you--. I don't know how to explain it. They make you feel guilty (Auletta, 1983c:165).

Most families were not aware of the services available to them. During the first six weeks they were acquainted

with the community services for which they were eligible. They were presented lists of agencies and services for which they might qualify. For those who did not have the skills, an agency advocate accompanied the client to help them negotiate for services for which they were entitled, as well as develop a good rapport with the personnel within the system. At the end of the period, a review was made of the services acquired and those to which the client might still be entitled.

Educational Goals

Educational problems existed for both the parents and the children. The children's school problems were often a source of family stress. Homeless children are often not in school (Kozal, 1988b). These children grow up to be uneducated parents. Dorothy brags about her street education, but that won't get her a job. She didn't finish high school. She is characteristic of many, if not most of, the homeless (Milestone, 1986b).

Lack of educational skills plague many middle class as well as poor families. However, the poor are penalized more. Budget cuts in the Federal Goverment's Work Incentive Program will cut out the needed educational training needed by the poor (Edelman, 1986b). Clients who were found to be educationally deprived were given the opportunity to attend a special General Equivilency Diploma (GED) program to prepare for high school equivelency. Others were

encouraged to enroll in skills training programs at the local community college.

Education is imperative. Statistics show that high school dropouts marry earlier, earn less money, and have higher separation and divorce rates. More children are born to these families. They have poorer health and live in less than adequate housing (Moore and Holtzman, 1965). The measure of success for this ojective was whether or not the client was actively seeking or participating in an educational program or a job skills improvement program at the conclusion of the ten weeks project.

Employment

If one word characterizes the problem of the homeless and in most cases families at risk, it is jobs. Today the worker earning the federal minimum wage annually is $2,100 under the national poverty level, far too little income to pay rent, utilities, child care, buy food and the other basic necessities of life.

Some claim the poor don't want to work. "The great majority of able-bodied Americans who are poor both want to work and do work when they have the opportunity" (Edeldman, 1986a:76). When Mary Sue Boggs searched for work, she lacked basic skills. She also had young children at home. These factors combined caused her to have to go on welfare. As soon as she heard of a supported-work job at the hotel, she applied (Auletta, 1982d).

Without jobs the family at risk is doomed to failure. The project assisted clients by providing interim work to cover housing and other basic expenses. Job skills were assessed early in week two and three. When appropriate, clients were guided to local business and employment agencies identified as sympathetic to families in crisis. Those needing skills training were directed toward the Job Training and Placement Act and Human Resource Development programs in the local community. By the tenth week, it was hoped the clients would have a job or be in a training program.

Another component of great importance was enabling the family to qualify for subsidized day care. The agency day care center provided scholarships that helped until the family was able to participate on a sliding scale basis. Without day care, the clients would not have been able to find and eventually hold jobs.

Evaluation

There was a final comprehensive evaluation done with each family during week ten. While various short-term goals would have already been evaluated, this final review consisted of re-testing and a complete re-evaluation of goals and objectives set in weeks two and three. Future goals and objectives were also set at this time.

Chapter 4

SOLUTION STRATEGIES

Family Based Programs Around The Country

> In Family Based Services, the client system is a collection of people organized around a crisis that is not located within one individual, but rather within a whole complex set of interrelationships that includes the family, the social service system, and the therapist, as well as, teachers, and legal people (Prevention Report, 1988a:4).

The key to providing family based services is being able to create a continuum of family resources and supports, counseling and therapy, as well as jobs and job training, housing and emergency cash assistance, medical care and day care (Prevention Report, 1988b).

Programs for families are being founded everywhere. They range from a roof for the night to several weeks. The Salvation Army Shelter in Los Angeles provides child supervision, help with job seeking, saving money and apartment hunting (Whittemore, 1988b). Lisa Kaplan (1986), author of Working With Multiproblem Families, discusses a dozen family based projects around the country. All have characteristics similar to those described in the programs in the following paragraphs.

Seven public and private agencies in California are providing four to six weeks of intensive in-home care for families. Each worker has three families at a time. Each

family has a follow up review in six months. In Minnesota four rural counties are providing in-home services two to six hours twice a week for one to six months per family unit (Prevention Report, 1988c).

Operation Gap-Stop was an educational television program intended to reach families at risk by exposing them to programs showing family problems and how they may be handled (Mendelsom 1968b). Home Builders report a ninety per cent success rate in working with youth at risk of being removed from their families. They use a variety of techniques. They teach listening skills and help parents establish reasonable controls and rewards for their children. Each worker provides services for two families for five to six weeks. They are on call 24 hours per day, seven days per week (Angelou, 1985b).

The Family Crisis Counselors Program founded by the Methodist Home for Children (MHC) in Raleigh, North Carolina is typical of many of the projects going on around the country. MHC contracts with the state to provide intervention services for families at risk identified by the County Department of Social Services (DSS).

The program provides intensive, time limited, home based, family centered services aimed at preventing family dissolution and unnecessary out-of-the home placement of a family member. The worker works within the home setting for a maximun of eight weeks. Counseling sessions may last for a few minutes to several hours per day and for several

days each week. Family strengths and weaknesses are assessed. Basic goals include empowering the parents to be in charge; affect the concern and involvement of family members; and leading the family through redecision therapy to help family members determine how they should think, feel and act and to receive permission from other family members to be and feel that way (Family Crisis Counselors Program, 1986).

Solutions Chosen For This Practicum

This practicum was an attempt to pull together the "continuum" that Prevention Report (1988d) describes. Experience over the past several years in the group child care field has revealed the importance of families staying in touch with their children in care. Experts agree that it is far better if families are never separated (Angelou, 1985c). Numerous references have already appeared in previous chapters of this paper indicating that it is more expedient to keep families together than to separate them.

Group care costs are skyrocketing. The agency was able to serve families at a cost of eight dollars per day per client. Residential group care agency costs exceeded seventy-five dollars per day per client. Home based services resulted in fewer disrupted families and lower costs in a Texas based project (Dennis-Small and Washburn, 1985). An Oregon family based program saved the State

$2,673 every three months per family over foster care costs (Angelou, 1986d).

Public Law 96-272 (Appendix A: 40) mandates family based intervention. Child welfare funds are tied to the state's efforts to provide home-based services for children and families at risk.

From the standpoint of philosophy; good social work practice; investment of time, personnel, buildings and equipment; as well as the legal climate and overall costs, family based services are the solution for families at risk. The best situation is to intervene whenever possible before the family is uprooted. However, once a family's problems lead to homelessness, sheltering the entire family in order to keep the family intact is far better than separating family members.

Implementation

The goals and objectives described in chapter three were carried out by a staff of two individuals. One provided the intake services and social work management of the families admitted to the program. The other provided the testing, evaluation and counseling for families both in the shelter and those being served in the community. The workers jointly conducted the informational and training phases of the program. Readiness for departure was determined by the counselor, the program social worker, and the family. The author monitored and recorded program

progress.

The program was unique in this community. A continuum of services was provided for clients and the program was very flexible. It was designed to meet specific needs for specific clients.

Helping the homeless must begin with the basic daily needs that all people have.

> Marc Fried suggested that environmental deprivation results in 'subtle, ominous, subclinical manifestations of apathy, alienation, withdrawal, affective denial, decreased productivity and resignation, all examples of a pervasive reduction in role.' These feelings make it increasingly difficult for families to cope with environmental pressures (Phillips and others, 1988a:48).

Indications are that when the concrete needs of the families are met during the initial steps of treatment, a trusting relationship can be established between the worker and the client. Once this relationship has been established, working on treatment goals will be greatly enhanced (Phillips and others, 1988b).

Four campus apartments were used for families needing shelter. Plans were to utilize Public Housing Units if needed for additional families who had lost their homes. Community resources, including churches, mental health centers, the health department, social services, technical schools, consumer counselors and a variety of other agencies were also utilized to meet family needs. Many families merely needed to learn to use the system.

Weekly reviews of each family's progress were made during the ten week period. An in-depth follow up session was completed within ten days of the conclusion of the practicum. Some mid-course changes were made as dictated by client needs and the availability of resources.

Chapter 5

RESULTS, CONCLUSIONS AND RECOMMENDATIONS

Family Profiles

Six families were studied. Each family entered the program on different days and were followed for ten weeks. Four families were admitted to one of the agency shelter cottages. Two families were served in the dwelling in which they were living at the time they entered the program. A profile of each family follows.

Family No. 1 consisted of a mother and her four year old child. This family was served in an agency cottage. She was seperated from her husband, had no financial support, in need of adequate clothing for her and her child and needed nearly all the basic necessities provided by the program. During the course of the program she was able to find subsidized housing, obtained public support and learned to use the public transportation system. At the end of the ten week period the family was intact. The mother chose to stay at home with her small child rather than work. She still had too few skills to earn enough to pay her to get off the welfare rolls.

Family No. 2 consisted of a mother and three children ranging in age from 10 to 14 years. In this case a child was in danger of being removed from the home due to

behavioral problems that spilled over into the classroom. The family had housing, but needed food, clothing and school supplies. An individual counseling program was designed for the child, and the family was seen as a unit. The response was excellent. At the end of the ten week period the family was intact, most problems were resolved and the family was placed on the list of a community church to be monitored and assisted as needed in the future.

Family No. 3 had all members represented. The mother was pregnant with the third child. The father was an active alcholic. The family had been evicted. The mother was commited to the father in spite of the drinking. The family was prematurely discharged for failure to comply with program goals. The family was intact at the time of discharge. The family moved into a boarding house.

Family No. 4 consisted of a mother and two children, three and four years old. The mother had given her one year old to an aunt. The mother feared an abusive spouse and sought a safe place for her and her children. The mother was resistant to counseling and left the program soon after the final review. While immediate basic needs were met, little progress was made toward long term family problems. One significant achievement was the enrollment of the two children still with the mother in subsidized day care where they could receive stimulation and support from a more positive enviornment.

Family No. 5 had four children. The mother was deceased and the father was suffering from severe stress. Most of the family's basic needs were met. A counseling program and respite was arranged for the father. Community contacts such as Big Brothers and Big Sisters and the parenting group at a local family services center were arranged. At the end of the ten week period the family was intact, less isolated, less stressed and more supported.

Family No. 6 consisted of the mother and two children, five and ten years of age. She had been separated from her husband for some time and child support was sporatic. The family was living with the maternal grandparents prior to admission. There was a great deal of stress in the home prompting the mother to move out. The family progressed very nicely during the ten week period. The mother's decision making skills had improved. She was making preparation to test for her high school equivalency diploma. She had regained her self confidence and was more independent.

RESULTS

Basic Needs

The basic needs of almost all the clients were met provided they stayed in the program for at least ten weeks. All families continued to need follow up counseling and emotional support in varing degrees. The primary goal, to

keep families intact, was achieved. Only one family left the program with significant basic needs remaining unmet. This family has to come to grips with the father's alcoholism before significant progress can be made. Had the family accepted treatment, the family's needs could have been met (Appendix D: 53).

Identifying Problems And Strengthening The Family Structure

The Basic Needs List identified the immediate needs of each family. Meeting these needs often drained the family leaving them with little desire to evaluate their current life situation and the underlying causes of the dysfunction within the family system. The second goal of this project was two fold, first, to attempt to get at the root causes of the dysfunction within the family and secondly, to determine what might have led to the family's being at risk and to identify strengths within the family that could be built upon. A variety of tools were used to derive the answers to these questions.

The Family Drawing provided information on how the children perceived family structure. This information was helpful in demonstrating to parents how their children viewed the family situation. The Drawing also provided the therapist with an opprortunity to discuss family issues with the children in a non-threatening manner.

The Parenting Stress Index indicated only small amounts of progress. The lack of significant progress

indicated just how high the stress levels were within the families. Most scored in the ninetieth percentile. While results were minimal, the Index provided an excellent springboard for discussion. Parents seemed somewhat relieved at just being able to discuss stress factors in their lives. The Index was difficult for most clients to complete because of its length and comprehensiveness.

The Child Well Being Scale was used to determine the children's physical, social and psychological welfare. At intake the families ranged from 69 to 94 on a scale of 100. At discharge they ranged from 76 to 98. All the children were positively affected by having been in the program. One should keep in mind that the results of the Scale are based on observation and dysfunctional families are often able to disguise what is happening in their lives.

Use of the Eco-Map provided the therapist with pictures of the families' support network in the community. It also helped the families determine where the strong relationships were in their lives and identify those areas where new relationships needed to be built. Most families broadened their contacts in the community significantly.

Use of the Genogram provided the therapist with a multigenerational picture of the family. Genograms traced marriages, divorces, deaths, alcoholism, abuse and observed such factors as birth order. Most families were able to step outside the present crisis and better understand the dynamics that contributed to their particular situation.

Therapy contracts provided goals and objectives for the family and counselors to work toward. They included both therapeutic and basic needs goals and objectives. All but one family realized most of their goals and objectives. The family with the alcoholic father reached few of their goals before being discharged.

The various tools provided background and history, assessed current functioning levels, pinpointed major problem areas and gave general overviews of most family situations. As indicated earlier in this paper, it took a lifetime for most families to become dysfunctional and a ten week period did not allow enough time to significantly impact the complexity of problems found in most families. While some progress was made toward family goals, more time and more intensive efforts would have produced more satisfying results.

Decision Making And Negotiation Skills

The objective was to teach decision making and negotiation skills. The intensity of meeting basic needs and the lack of time to build a group prohibited this goal from being achieved as planned. Each family received help with these skills during individual counseling. Families No. 2 and No. 6 were noted to have improved in these areas in verbal follow up with the therapist. Most effort was focused on getting families to make good decisions in the light of their crisis situation. Skills training in these

areas will require more time.

Using The Human Service System

Helping families to utilize the systems and services already available to them was a main objective of the program. Many families were not aware of or could not negotiate the system. Most families increased the number of services they received. Family No. 2, while very poor chose not to use the system and therefore showed no improvement. Family No. 5 was already accessing those services for which they were entitled (Appendix D:54).

Most of the clients possessed poor educational skills. Filling out applications for services and completing the assessment tools used proved difficult. The New York Times reported that,

> More than a third of all applicants fail to get on the (public welfare) rolls. The author of the report suggested in an interview that illiteracy and other language barriers, along with transportation problems and the difficulty of providing necessary documents, were keeping many needy people from help they qualified for. A great deal of the problem is the paperwork (Tolchin, 1988:1).

This program overcame all those barriers by providing the transportation and an advocate to help deal with the paperwork and locate necessary documents. Education is the primary key to resolving this problem in the future.

Educational Goals

Three families in the study were hampered by the lack of a high school diploma. Of these three, one begun work

on high school equivalency. One parent was attending the local technical institute. The other two families were not jeopardized by educational problems. Neither of the two had professional training however. Professional skills training could have improved their quality of life, but once again, time was a factor.

Employment

One parent chose to receive public assistance in order to remain at home with her children. Another chose a life style with limited income to be home with her family. The rationale of both decisions was questioned on the basis that neither parent was capable of holding more than a minimum wage job. As a result, child care expenses suitable clothing and transportation would have cost more than they could have earned. Until a plan can be developed to provide subsidized child care, housing, transportation and raise the minimum wage, families like these two will probably remain out of work and on welfare.

Two other parents continued to work at their low income jobs. Family No. 4 was assisted according to program goals and was employed. All families who lived on the campus were required to work a minimum number of hours each week to meet their housing and other basic needs (Appendix C: 43). Those with jobs contributed proportionately toward their housing as well.

Minimum wage jobs prolong the crisis period for families. Some families actually can enjoy a better standard of living on welfare. However, most families want to work. They want to be self sufficient. The minimum wage must be raised and business must extend benefits to all employees. Businesses that work people part time to avoid paying customary benefits are doing no favors for homeless families. "If I were the president," says Robert Greenstein of the Center on Budget and Policy Priorities in Washington, D.C., "I would make work pay. If a parent works full-time, he or she shouldn't have to go on welfare to get out of poverty" (Ehrlichman, 1989:4).

CONCLUSIONS

All families were intact at the conclusion of the practicum, however, several things need to be considered. First, as has been said, major change takes time. While some change occurred in all phases of the project, most changes were in obtaining the basic necessities of life and using the social services system. While these changes are important, real change, lasting change takes time and must extend to basic value systems and penetrate cultural traditions. Many families have been "at risk" for generations. Attitudes have to be affected and that takes time.

Secondly, the outcomes of the practicum were affected by the smallness of the client group. For example, employment was secured for one client. The system worked and would have worked for others. At a time of very low unemployment, less than 4 per cent in the area, it could have been predicted that employment help may not have been the most used service offered by the program. A larger sampling of clients would have also enhanced the educational outcomes.

The outcomes of this practicum reflected the findings in the literature study and can be viewed with considerable reliability. It was hoped that client families would be in a dwelling in the community by the end of the ten week period, have jobs or be training for one and that they and their children would be in school if appropriate. It was hoped that the root causes for the families' crisis would have been identified and the families would be working toward solutions. However, as was found there were no quick fixes. A New York study found that many families needed one to four years to heal (Mayer, 1986). Jobs must be created. The minimum wage must be raised. Health insurance for low income workers must be provided (Edelman, 1986c). Affordable housing must be made available. These necessities are only the beginning.

RECOMMENDATIONS

The program model allowed ten weeks for the major portion of the work to be completed with families. Projections are that six months would be the absolute minimum and that one year would be far better.

Getting basic needs met as early as possible is of utmost importance. Little lasting change can take place when clients are deprived of basic needs, depressed, or on drugs. The assessment process should attempt to identify signs of depression and include screening for chemical dependency.

Programs of this nature need an interactive, subsidized day care facility near each family. Most families in the practicum exhibited poor parenting skills. The children needed the stimulation provided in a good day care center and the parents needed the role model that would have been provided by the staff.

The survey used by Dr. Billy E. Jones would provide more in-depth information for others doing a simular study. It is very comprehensive and may need some modification. However, the more that is known about the family, the more likely solutions can be found.

FOLLOW ON

There has been considerable interest in the program. One city sent its' shelter staff to this agency to train. This practicum will be the first attempt to share the outcomes of the program in a formal way. More than anything else it has served as a formal evaluation of the program in place. Program modifications were considered based on the data gathered. Some of these modifications were described in previous paragraphs, more time in the initial assessment process, drug and alcohol screening, shorter less complicated evaluation forms and larger study samples. A comprehensive manual will be developed from this study and distributed to interested parties. Plans are to distribute the program manual to similar agencies in the professional associations within which the agency holds membership and any other interested parties.

This practicum represents a program model somewhat different in approach than some of the other group care agencies have chosen. Other traditional group care agencies have specialized in programs that serve families in their own homes, but as long as there are families in the streets there will also be a need for alternative housing for families as well. This model seems to be one answer for old large institutions, with available housing such as the one in this study.

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APPENDIX

Mandate for Preventive Services

PL 96-272

The Child Welfare and Adoption Assistance Act of 1980 (96-272) mandates the following:

Sec 471(15) "Effective October 1, 1983 provides that, in each case, reasonable efforts will be made (A) prior to the placement of a child in foster care, to prevent or eliminate the need for removal of the child from his home. . ."

Sec 472 (a) (1) "the removal from the home was the result of a judicial determination to the effect that continuation therein would be contrary to the welfare of such child and (effective October 1, 1983) that reasonable efforts of the type described in Section 471 (a) (15) have been made."

In summary, this legislation requires that in order to receive federal participation in the cost of foster care, reasonable efforts must be carried out to prevent the placement and documented in the court record through judicial determination. Voluntary placements are allowed under 96-272 but a judicial determination must be made at 180 days if full participation is to continue.

Other than the guidance previously mentioned, the federal agency in the second draft of the federal regulations provides a list of preventive services from which states are free to choose "any, all, or none" (section 1357.15). The states must specify which services are to be provided. These include:

24 Hour Emergency Care;
Homemaker Services
Day Care
Crisis Counseling;
Emergency Shelter
Respite Care
Individual and Family Counseling
Access to Emergency assistance or vocational rehabilitation.

The North Carolina Division of Social Services has listed what it sees as acceptable preventive services (Children's Servcices Manual, Chapters 1, 2 and 3): day care, homemaker, legal, transportation, psychiatric assessment and counseling services.

Prepared by:

G. Anne Reynolds, MSW
Project Coordinator
NCPSTI

Abused, dependent and neglected children, working parents, or single parents, struggling to provide for their children--all need something priceless: a bright, productive, secure tomorrow. Reverend Lucius B. Compton founded Eliada Home in 1906 to help provide that tomorrow.

Eliada Home began as a non-denominational Christian orphanage in a single log cabin, but as the years passed and the need grew, its programs expanded to include Residential Group Care, Emergency Shelter Care, Family Counseling Services, Family Foster Care, a Day Care and Child Development Center, a Summer Day Camp, and After School Care. Its acreage grew also, to over 300 acres and 30 buildings. The present grounds include pastures, woodlands, shops, administrative building, gymnasium, pool, recreation fields, chapel, cottages for residential group care and the day care center.

Today Eliada Home provides community-responsive, need-oriented care and support for children and families in crisis, without regard to race, religion or national origin. Programs are designed to address the physical, emotional, social, educational and spiritual needs of the child. It is done within the family setting if possible and/or by placement in one of our residential programs if necessary. Over 800 children have been provided care since the founding of Eliada Home.

Such services cost money, however. Children and families are served at Eliada without regard to financial ability. Room and board are asked for those who are able to pay some part of their children's support. However, this provides only a small portion of the operating expense of Eliada Homes. Individuals and organizations throughout the United States help. Primary financial support comes from individuals, church groups and other service organizations here in Western North Carolina. Duke Endowment and several foundations have given substantial support through the years. Industries and mills donate commodities of all kinds. A substantial part of the budget comes from bequests, memorials, gifts of real estate, stocks and securities.

An abundance of new, and good used clothing and other items are donated to the Home. Many items can be used by the children. Those that cannot be used are sold through the Bargain Barn on campus and the proceeds are then used for the health and welfare of the children. Barn prices are kept low to aid the local needy. All gifts to the Barn are tax deductible.

The personal contacts of the Executive Director, the staff, the Board of Trustees and the many friends of Eliada Home, the bi-monthly newsletter sent to several thousand people across the country and several direct mail campaigns each year bring necessary funds for operating expenses and special projects.

Eliada Home is licensed by the North Carolina Department of Human Services. It is also licensed by the North Carolina Department of Revenue (and departments of revenue in a number of other states) for fund raising purposes. All gifts are tax deductible.

Eliada Home is a member of:

North Carolina Child Care Association
Southeastern Child Care Association
National Association of Homes for Children
Group Child Care Consultant Services
International Union of Gospel Missions
Southern Association for Children Under Six
North Carolina Day Care Association

Eliada Home is governed by a Board of Trustees numbering from 11 to 20 local citizens. Members serve terms of not more than 4 years and may be re-elected once. The Trustees represent all major religious faiths and business backgrounds. The Board is active in development functions and in overseeing of the overall financial status of the Home. An Executive Director is hired and supervised by the Board for the overall operation of the Home.

Eliada Home needs the support of its local community and its larger relationships throughout the country. The need for services grows daily. The agency is being called on to develop new programs and services to meet the current needs of children and families. Gifts of all kinds are necessary to meet these needs--real estate for community-based group homes, materials for furnishing and equipping the homes and existing cottages, vehicles for transportation, funds for staff and operational expense and volunteers of all kinds. We invite you to join the Eliada family and help us build a new tomorrow for today's families.

ALTERNATIVES FOR FAMILIES PROGRAM GUIDELINES

I. HOUSING AND UTILITIES are $25.00 per week and it may be paid by two plans.

A. UNEMPLOYED

1. The first full week in the program you are to work a total of 16 hours, eight hours will go towards your deposit and the other eight hours in return for housing and utilities. Thereafter, you are to work eight hours each week you are unemployed in return for housing and utilities. You will be responsible for seeking out work to do and keeping your hours.

B. EMPLOYED

1. A $25.00 deposit which will be returned to you upon leaving your apartment clean and have no outstanding Eliada debts when you are discharged from the program.

2. $25.00 cash weekly, to be paid each Monday. You are responsible for seeing that this money gets to the site manager. In the event you are unable to pay the weekly rate, you must negotiate with the Director for new terms. If you fail to do either, the Director will consider terminating your placement in the program.

3. Placement will be reviewed and renewed periodically. Renewal of your placement will be based on your performance in the program and your adherence to the guidelines.

4. All advances for food, medical, transportation, Day Care, etc. must be repaid as soon as possible. No family will receive any more than $100.00 total for the above needs.

5. All clients must work toward self-sufficiency, permanent housing, a job and participate in such other community resources for which they may be eligible. To facilitate achievement of these goals clients are required to participate in counseling during their involvement with the program. Counseling is mandatory for all families and a time will be set weekly, which is mutually convenient. All residents are required to attend Community Meetings every 3 weeks.

6. There will be absolutely no alcoholic beverages permitted.

7. No family violence, either physical or verbal will be tolerated.

8. Children are never to be left unattended. Supervision of children is to be carried out by a person eighteen years or older.

9. Only persons named on the contract may stay overnight in the apartment. No member of the opposite sex may stay overnight in the apartment unless there is a valid marriage license.

10. All residents should observe the following curfews unless working hours prohibit; 11 P.M. to 6:00 A.M.

11. Clients who are routinely absent from the shelter for a period of 24 consecutive hours will be considered for immediate discharge.

12. No child is allowed on main campus without being accompanied by a parent.

13. No weapons are permitted on campus.

14. Failure to comply with any of the Housing or Programs guidelines will result in removal from the premises.

15. If you are asked to leave the program, you will have seven days to vacate the premises.

16. All the laws of the State of North Carolina, Buncombe County and the Ordinances of the City of Asheville apply to Eliada property and will be enforced.

I have read and understand the above guidelines and pledge to abide by them.

SIGNED:_____ ELIADA REPRESENTATIVE

SIGNED:_____ _____

DATE:_____

HOUSING GUIDELINES

1. No pets of any kind are permitted.

2. Apartments and surrounding areas are to be kept neat and clean, this includes oven and refrigerator. Trash is to be routinely disposed of, by using the trash wagon. No trash is to be left outside unless in the trash container provided.

3. Resources are to be conserved, i.e. water, electricity and gas.

4. Please make all damage reports and repair requests to the site manager of the A. F. F. Program. Any damage done by client's children, due to poor supervision, must be repaid by parents.

5. Only human waste and toilet paper is to be flushed down the toilet.

6. Radios, stereos, T.V.'s are to be kept in normal range, so as not to disturb neighbors.

7. The Administration of Eliada reserves the right to inspect the condition and contents of the cottages whether occupants are present or not.

8. There is a $5.00 replacement charge for lost keys. If you find yourself locked out for whatever reason, please do not force doors, windows or screens in order to gain entrance. Contact the site manager.

9. Do not put nails, tacks, brads or adhesives in or on walls.

10. Visitors must have prior approval before visitation.

11. Speed limit for the property is never to exceed 10 M.P.H.

12. Any vehicle not meeting the minimal standards of the Department of Motor Vehicles will be banned from the property, ie. mufflers, etc. All vehicles should have proper registration and valid tags.

13. Failure to comply with any of the above can result in removal from the premises.

SIGNED_____ ELIADA REPRESENTATIVE

SIGNED_____ _____

DATE_____

BEACON EMERGENCY ASSISTANCE APPLICATION FORM

AGENCY NAME_____ DATE_____

1. Applicant's Name_____ 2. D/O/B_____
   Last First Middle/Maiden Mo/Day/Year

3. Occupation_____ 4. Employer_____ 5. S.S.#_____

6. Spouses Name_____ 7.D/O/B_____
   Last First Middle/Maiden Mo/Day/Year

8. Occupation_____ 9. Employer_____ 10. S.S.#_____

11. Address_____ 12.Tel No._____
    No. Street Neighbor/Relative/Friend

    _____
    City/State Zip Code

13. AHA Assistance Yes( ) No( ) 14. Section 8 Housing Assistance Yes( ) No( )

15. Marital Status (check) ( )Single ( )Married ( )Separated
    ( )Divorced ( )Widowed ( ) LT

16. Veteran? Yes ( ) No ( ) 17. Referred By:_____

18. Total Number of Person in Household_____ 19. No. of Dependents_____
    Give No. Give No.

20. Dependents: Name (First & Last) Social Sec. No. Date of Birth Sex (M/F)

Children				
Other (Relationship)				

21. Income: Type Amount Per Mo.

Employment	_____
Veterans Benefits	_____
Social Security	_____
Public Welfare	_____
Other:	
Energy Assistance	_____
AHA Utility Allow.	_____
Food Stamps	_____
Other	_____
Total Family Income	_____

22. Emergency Assistance Needs

( ) Furniture
( ) Rent/Mortgage
( ) Clothing
( ) Transportation
( ) Medical Supplies
( ) Prescriptions
( ) Eye Glasses
( ) Day Care
( ) Other: (Specify)

Utilities:
( ) Electricity
( ) Water/Sewer
( ) Gas
( ) Food

Fuel:
( ) Wood ( )Oil
( ) Coal
( ) Kerosene

_____

_____

_____

23. Reason For Need (Please check)

( ) Unemployment
( ) Lost Check
( ) Stolen Check
( ) Physical Illness
( ) Burnout (Fires)
( ) Substance Abuse
( ) Mismanagement
( ) Job Change/ Decreased Income
( ) Death of Spouse
( ) Domestic Violence
( ) Desertion
( ) Other: (Specify)

_____

24. Disposition Of Request
Help Given:

( ) Furniture
( ) Rent/Mortgage
( ) Clothing
( ) Transportation
( ) Medical Supplies
( ) Prescriptions
( ) Eye Glasses
( ) Day Care
( ) Other: (Specify)

Utilities:
( ) Electricity
( ) Water/sewer
( ) Gas
( ) Food

Fuel:
( ) Wood ( )Oil
( ) Coal
( ) Kerosene

_____

_____

25. No Help Provided
Reason: ( ) Not Eligible ( ) No Resources Available

( ) Referred to Other Agency ( ) Live Outside Service Area

( ) Other: _____

_____

RELEASE OF INFORMATION

I understand that the Agency I am applying to is a member of the Buncombe Emergency Assistance Coordinating Network, which consists of centralized sharing of information among all of the public and private agencies who provide financial or other help for basic survival needs in times of crisis.

I understand that information I provide in order to apply for and/or receive benefits will be available to any one of the participating agencies to avoid duplication of service to me; to save agencies and myself time; and to provide a way to show, through statistics, the need and program expenditures.

I understand that information I provide will be strictly confidential and protected from disclosure by the agencies, except with regard to the "duty" of public agencies such as the Buncombe County Department of Social Services, to disclose otherwise confidential information to other public agencies to properly administer the programs; provide service; and/or to assist in the investigation of fraud.

I understand that this consent does not apply to disclosure of confidential information that names or identifies my spouse, children or dependents as recipients of public assistance or social services.

I understand that the duration of the information being maintained in the data base will be no longer than one (1) year.

I understand that my refusal to sign this consent will not prohibit my receipt of assistance if I am otherwise eligible.

Therefore, having fully read this consent; having had it explained to me by the person taking my application; and understanding it, I hereby voluntarily authorize release of the information pertaining to my application for Emergency Assistance to such agencies as deemed appropriate, according to the above outlined guidelines.

Signature_____ Date_____ Witness_____

STATEMENT OF RESPONSIBILITY

The director of the Emergency Family Shelter Program will be responsible for seeing that your immediate, basic needs are met, i.e. housing, food, clothing, and medical. However, these needs will be met at the discretion of the director and with sufficient notice (24 hours if possible) of the need.

The program is designed to assist the client in stabilizing their condition in life, i.e. job search, securing a job, linking with helping agencies. Assistance will be provided at the discretion of the E.F.S. worker providing the client exhibits a desire to promote their own self-interest.

Director and/or workers of the E.F.S. will make themselves available to clients during regular business hours, Mon. - Fir., 9-5, preferably by appointment. Life and/or health threatening emergencies will be dealt with anytime they arise. The overseers cottage should be considered off limits with the exception of a life and/or health threatening emergency.

Signed: _____

Signed: _____

Eliada Representative:

_____

Date: _____

CONSENT AND DISCLAIMER FORM

I give my consent and authorization to Eliada Homes, Inc. to request, receive and share information about myself and professional records (Medical, Education, Psychological, and Court) about myself and other members of my family living in the home with the various respective agencies and/or professional facilities.

I give Eliada Home permission, in case of accident, where I am incapacitated, to see that my child is treated.

I agree not to hold Eliada accountable for any accident or injury while a resident on Eliada property.

Signed: _____(SEAL)

Date: _____

Eliada witness: _____

Subscribed and sworn to before me this _____ day of _____ 19___.

_____
Notary

My commission expires: _____

SEAL

CONSENT FOR AUDIO AND VIDEO TAPING OF
THERAPY SESSIONS

I/we _____,
understand that my/our sessions with _____
may be audio or video taped and I consent to this procedure. These tapes will be used for instructional and educational purposes within a closed and confidential group of professionals. The client and family members have the right to refuse sharing of a particular session if this becomes a concern.

_____

_____

_____

_____

_____

_____
Date

THERAPY CONTRACT

FAMILY MEMBERS INCLUDED: _____

_____

_____

_____

_____

NUMER OF SESSIONS WEEKLY: _____

LOCATION OF SESSIONS: _____

Based on a review of the initial interview and counseling evaluation and assessment, the following areas of concern have been targeted and will be the focus of both counseling and programatic involvement.

1. _____
2. _____
3. _____
4. _____
5. _____

Specific goals to be worked on during counseling.

1. _____
2. _____
3. _____
4. _____
5. _____

Additional goals of family members.

1. _____
2. _____
3. _____

I understand the explaination of counseling services, the counseling guidelines, and the contract presented above.

_____

_____

_____

_____

_____

_____

_____

Counselor's signature

Table I

Basic Needs Survey

Basic Needs At Intake

Needs Identified	Clients					
	1	2	3	4	5	6
Emergency Housing	X		X	X		X
Rent Needed			X	X		X
Adequate Clothing	X	X	X		X	
Food	X	X		X	X	
Medical Care	X		X			
Transportation	X			X	X	
Drivers License				X	X	
Counseling	X	X	X	X	X	X
School Supplies		X			X	

Basic Needs At Discharge

Needs Identified	Clients					
	1	2	3	4	5	6
Emergency Housing			X			
Rent Needed			X			
Adequate Clothing						
Food						
Medical Care						
Transportation			X			
Drivers License				X		
Counseling	X	X	X	X	X	X
School Supplies						

TABLE 2

Social and Community Services Available at Intake

Social and Community Needs Survey

Type of Service	Clients					
	1	2	3	4	5	6
Social Security Card	X	X	X	X	X	X
AFDC *	X			X		X
Food Stamps			X	X	X	X
Special Services Income						
Child Support				X		X
Medicade	X			X	X	
Public Transportation			X	X		
Child Care					X	

Social and Community Services Available at Discharge

Type of Service	Clients					
	1	2	3	4	5	6
Social Security Card	X	X	X	X	X	X
AFDC *	X			X		X
Food Stamps	X		X	X	X	X
Special Services Income						
Child Support				X		X
Medicade	X		X	X	X	X
Public Transportation	X		X	X		
Child Care				X	X	

* Aid For Families with Dependent Children